

State of Delaware
Convenience Copier Supplementary Information Form
To be completed by ordering agency and sent to vendor for each new copier acquisition

General Instructions:

1. This form will be sent to the ordering agency with each recommendation from the Office of Management and Budget, Government Support Services, Copier Management.
2. This form must be submitted with PO - if more than one machine is on a PO, this form must be prepared for each machine.
3. Please fax a copy of 1) each PO, 2) each Copier Management Coordinator recommendation, and 3) this completed form to Dustin Yerkes in Copier Management at the same time as the vendor submission. The fax number for Dustin Yerkes at Copier Management is (302) 739-3697. The phone number is (302) 857-4523.
4. **If this form(s) is incomplete; if POs are incomplete; or if PO information conflicts with Copier Management's recommendation, the vendor WILL REJECT the agency's order. The vendor will then notify the ordering agency and Copier Management as needed.**

A. General Information:

PLEASE COMPLETE ALL INFORMATION BELOW

Budget Information:

1. Ordering Agency Six-digit Budget Code _____
2. Ordering Agency/School District _____
3. Ordering Agency Division _____
4. Ordering Agency Budget Unit _____
5. If you are not part of State Agency,
list your organization name: _____

PO Information:

6. PO Preparer Contact Name _____
7. PO Preparer Phone Number _____
8. PO Preparer Outside E-mail Address _____
9. PO Number Associated with Requisition _____
10. Date PO Submitted to Vendor (MM/DD/YY) _____

Location Information:

11. Building Name and Street Address _____
12. Floor/Location _____
13. City _____
14. Location Contact Name _____
15. Location Contact Phone Number _____
16. Location Contact Outside E-mail Address _____

B. New Machine Information:**1. New Placement or Replacement?** _____

If the equipment is a **new placement**, please state the reason for the acquisition and then go to number 2;

If the new machine is a **replacement**, go to number 2 **and** then complete Section C pertaining to the equipment you are replacing.

2. Lease or Purchase _____**C. Old Equipment**

If the new machine is a **Replacement**, please complete the following information on the **old equipment**:

1. Lease, Purchase or Month-to-Month (M-T-M) _____

2. Old Equipment Make _____

3. Old Equipment Model _____

4. Old Equipment Serial Number _____

5. Expiration Date (MM/DD/YY) _____

6. Old price per Month (If leased or M-T-M) _____

7. Stapling/Finishing Capability (Yes or No) _____

Comments: (Include comments on overage charges if applicable or any other comments as you see needed)